

**Metropolitan Health Department
Pollution Control Division
311-23rd Avenue, North
Nashville, Tennessee 37203
Telephone: (615) 340-5653 Fax: (615) 340-2142**

For the period: _____ through: _____

Company Name: _____

Address:

Total Quarterly Excess Emissions:	lbs. Particulate,	lbs. Volatile Organic Compounds, or
-----------------------------------	-------------------	-------------------------------------

lbs. of

I hereby certify that to the best of my knowledge the information contained in this report is true, accurate and complete.

Type or Print Name of Responsible Official

Title

Signature

Date _____

NOTE: This report must be accompanied by a copy of all calculations used to determine the quarterly excess emissions.